ATTORNEY DOCKET NO. 70020.0056US01 RANSMITTAL FORM U.S. APPLICATION SERIAL NO. CONFIRMATION NO. 10/679,367 4296 (to be seed on all correspondence after initial filing) FILING DATE October 7, 2003 EXAMINER GROUP ART UNIT Kenichi YOKOYAMA, et al. Sin J. LEE 1752 RADIATION-SENSITIVE RESIN COMPOSITION

CORRESPONDENCE ADDRESS The address associated with Customer Number: 23552 OR the correspondence address below. Name Address					
Transmittal Form Fee Transmittal (In Duplicate) Request for Extension of Time - 1 Month(s) Non-Final Amendment Return Postcard Please charge Deposit Account No. 13-2725 in the amount of \$120,00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the above-noted documents, including any fees required under 35 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time. CORRESPONDENCE ADDRESS The address associated with Customer Number: 23552 OR ☐ the correspondence address below.	ADDRESS TO:	Commissioner for Patents P.O. BOX 1450			
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NAME	Christopher W. Raimund	REGISTRATION NO. 47,258				
SIGNATURE	Clot	DATE	November 13, 2006	TELEPHONE	202 326-0300	
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ATTORNEY DOCKET NO.

70020.0056US01

CONFIRMATION NO.

10/679,367

4296

FILING DATE

Sin J. LEE

October 7, 2003

Kenichi YOKOYAMA, et al.

EXAMINER

GROUP ART UNIT

1752

TITLE OF APPLICATION

RADIATION-SENSITIVE RESIN COMPOSITION

Applicant claims small entity status. See 37 CFR 1.27. Certain fees are reduced by 1/2.

TOTAL AMOUNT OF PAYMENT

\$120.00

Please charge Deposit Account No. 13-2725 in the amount of \$120.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the documents noted below, including any fees required under 37 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed for fee processing.

The following fees have been submitted:

APPLICATION FEES

FEE CODE	DESCRIPTION	FEE	CALCULATE
1011	Basic Filing Fee - Utility	\$300.00	
1111	Utility Search Fee	\$500.00	
1311	Utility Examination Fee	\$200.00	
1012	Basic Filing Fee - Design	\$200.00	
1112	Design Search Fee	\$100.00	
1312	Design Examination Fee	\$130.00	
1005	Provisional Application Filing Fee	\$200.00	
1014	Basic Filing Fee - Reissue	\$300.00	
1051	Surcharge - Late Filing Fee, Search Fee, Examination Fee or Oath or Dec.	\$130.00	
1801	Request for Continued Examination	\$790.00	
1814	Terminal Disclaimer	\$130.00	
1452	Petition to Revive Unavoidably Abandoned Application	\$500.00	
1453	\$1,500.00		
		SUB TOTAL	\$ 0.00

EXTENSION OF TIME FEES

	FEE CODE	DE DESCRIPTION	FEE	SUBMITTED		
\boxtimes	1251	Extension for Response Within the First Month	\$120.00	\$120.00		
	1252	Extension for Response Within the Second Month	\$450.00			
	1253	Extension for Response Within the Third Month	\$1,020.00	-		
	1254	Extension for Response Within the Fourth Month	\$1,590.00			
	1255	Extension for Response Within the Fifth Month	\$2,160.00			
Credit for Extensions Previously Paid						
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APPLICATION SIZE FEES

Additional Fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing in an electronic medium) (37 CFR 1.492(j)). The fee is \$250 for each additional 50 sheets or fraction thereof.						
	Total Sheets	Extra Sheets Number of each additional 50 sheets or fraction thereof (round up to whole no.)				
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	FEE CODE		RIPTION						FEE	SUBMITTED
	1401	Notice	of Appeal						\$500.00	
	1402	Filing	a Brief in Su	pport of an Appea	l				\$500.00	
	1403	Reque	st for oral H	earing					\$1,000.00	
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